PART B - FEE(S) TRANSMITTAL

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72386 7590 08:06/2009 SUTHERLAND II SUTHERLAND, ASBILL & BRENNAN, LLC 999 PEACHTREE STREET ATLANTA, GA 30309				New Assemblated of inaling call only be issed for domestic matings of the papers. Each additional paper for the call of the papers. Each additional papers in the additional papers in the additional papers in the papers. Each additional papers in the pap			
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APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	CONFIRMATION NO.	
09/820.805	03/30/2001		Bill Kitchen		23952-0035	6581	
TITLE OF INVENTION: E	ELECTRONIC BILL F	PROCESSING WITH MI	ULTI-LEVEL BILL INF	ORMATION STORA		0301	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/06/2009	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS]			
HAMILTON, LALITA M		3691	705-039000	_			
1 Change of correspondent CFR 1363. ☐ Change of correspon Address from PTO-SB17. ☐ Fee Address" indica PTO-SB37, Rev 03-02. Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Checkfree Co.	dence address (or Cha 22) attached. tion (or "Fee Address" or more recent) attach D RESIDENCE DATA s an assignee is identi a 37 CFR 3 11 Comp EE	Indication form ed. Use of a Customer	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT	o 3 registered patent voly, le firm (having as a ragent) and the names orneys or agents. If no printed, pe) satent. If an assigner assignment. Y and STATE OR CC	attorneys I Suther I promber a 2 and B1 to of up to 0 name is 3 to identified below, the de		
	•		Norcross,				
Please check the appropriate assignee category or categories (will not be p 4a. The following feets) are submitted: Sase Fee			ninted on the patent): Individual Information or other private group entity Government b. Payment of Feets). (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 9–50.29 (enclose an extra copy of this form)				
5. Change in Entity Status a Applicant claims S NOTE: The Issue Fee and P	MALL ENTITY status	above) s. See 37 CFR 1.27- ared) will not be accepted	b. Applicant is no lon	ger claiming SMALL	. ENTITY status. See 37 CF	R 1.27(g)(2).	
Authorized Signature Typed or printed name This collection of informatic an application. Confidential submitting the completed a this form and/or suggestions Box 1450. Alexandria, Virg Alexandria, Virg Alexandria, Virg	Brian J. De	cker	Office.	DateNover	mber 6, 2009 61,258		

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